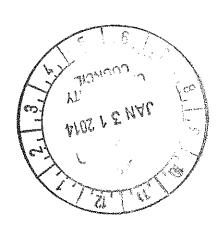
Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

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ALL OUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1.	a. YOUR NAME Zach Adamson
	b. YOUR RESIDENCE ADDRESS40 N Randolph St, Indianapolis, IN, 46201
	c. YOUR BUSINESS ADDRESS130 N Delaware St, Indpls, IN 46204
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMI	PLOYER'S NAMESelf
EMI	PLOYER'S ADDRESSSee above

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES X_NO				
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:				
NATURE OF THE BUSINESSHair Salon				
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Urban Designs by Zach at Icons				
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES X NO				
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER				
EMPLOYER'S NAME Schenker IND				
EMPLOYER'S ADDRESS2363 E Perry Rd, Suite 191 Plainfield, IN 46168				
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]				
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDAN' CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO Not Applicable X				
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER				
NAME OF DEPENDANT CHILD				
EMPLOYER'S NAME				
EMPLOYER'S ADDRESS				

- 4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
 - (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES ENTITY'S NAME ENTITY'S ADDRESS			
		=	POUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT DSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YO'OR BOARD ME	UR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICE MBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO _X_		
5. DID YOU, YO' OR BOARD ME FOR FUNDING	UR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICE MBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO _X_ ME AND ADDRESS OF SUCH ORGANIZATION OR		
5. DID YOU, YO'OR BOARD MED FOR FUNDING D IF YES, THE NA ORGANIZATIO PERSON SERVI	UR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICE MBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO _X ME AND ADDRESS OF SUCH ORGANIZATION OR NS:		
5. DID YOU, YO OR BOARD MED FOR FUNDING D IF YES, THE NA ORGANIZATIO PERSON SERVI COUNCILLOR	UR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICE MBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO _X ME AND ADDRESS OF SUCH ORGANIZATION OR NS:		

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YESNO_X_
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION
WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES NO
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
COUNCILLOR DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

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ALL OUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

	b. YOUR RESIDENCE ADDRESS 4832 GTACELAND AVE, INDIANAPOLIS, IN 4/6208
	C. YOUR BUSINESS ADDRESS 1099 N. MERIDIAN ST. INDIANA POLIDIAN 46204
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN T
	PRIOR YEAR? YES X NO
IF Y	PRIOR YEAR? YES \(\times\) NO ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

COUNCIL TO SO SOUNCIL TO SOUNCIL

b. WERE YOU SELF-EMPLOYED? YES NO X
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME ESKENAZI HEALTH
EMPLOYER'S ADDRESS 720 ESKENAZI AVE. INDIANA POLI), IN 46202
INDIANA POLI), IN 46262
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

- 4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
 - (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES			
ENTITY'S NAME			
ENTITY'S ADDRESS			
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]			
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES \(\sum_\) NO			
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:			
PERSON SERVING: COUNCILLOR X SPOUSE DEPENDANT CHILD			
NAME OF ORGANIZATION MLK COMMUNITY CENTER			
ADDRESS OF ORGANIZATION 40 W. 40th ST WALANA POLIJ IN 4620 8			

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW. OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES \geq NO ____ IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS INDIANAPOLIS MUTUR SPEED WANT 7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE. IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. **CØUNCILLOR**

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY

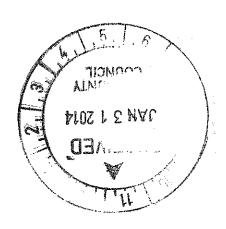
BUILDING, INDIANAPOLIS, INDIANA, 46204.

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

	b. YOUR RESIDENCE ADDRESS11817 Brocken Way, In 46229	dianapolis, IN
	c. YOUR BUSINESS ADDRESS	
٠		
	a. DID YOU RECEIVE COMPENSATION FROM ANY EMP PRIOR YEAR? YES X NO	LOYERS IN T
F YI		
F YI	PRIOR YEAR? YES X NO	



b. WERE YOU SELF-EMPLOYED? YES NO _X_	
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER V CONDUCTED:	WHICH
NATURE OF THE BUSINESS	
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED	·
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYE YES _X_NO	3
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER	
EMPLOYER'S NAME IPS	· .
EMPLOYER'S ADDRESS	
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE	ADDITIONAL
SHEETS]	
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00	7.
EMPLOYER? YESNO <u>X</u> _	J ROM AN
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER	
NAME OF DEPENDANT CHILD	
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	
	45 ₅

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM

OVER \$5000.00 USE ADDITIONAL SHEETS]

- 4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

F YES, THE NAME A	ND ADDRESSES OF SUCH BUSINESS ENTITIES	
ENTITY'S NAME	Not to my knowledge	
NTITY'S ADDRESS		
		_
	E OR DEPENDANT CHILDREN HAD OTHER ENTITIES ATTACH ADDITIONAL SHEETS]	THAT
MUST BE DISCLOSED A DID YOU, YOUR SP OR BOARD MEMBER		N OFFI
OUST BE DISCLOSED A DID YOU, YOUR SP OR BOARD MEMBER OR FUNDING FROM	OUSE, OR ANY DEPENDANT CHILD SERVE AS AN OF ANY ORGANIZATION THAT RECEIVED OR A	N OFFI
MUST BE DISCLOSED A DID YOU, YOUR SP OR BOARD MEMBER OR FUNDING FROM F YES, THE NAME AD ORGANIZATIONS: ERSON SERVING:	OUSE, OR ANY DEPENDANT CHILD SERVE AS AN OF ANY ORGANIZATION THAT RECEIVED OR A THE CITY OR COUNTY? YES NO _X	N OFFI

ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS!

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YESNO _X_	
IF YES, LIST THE NAMES OF SUCH	PERSONS OR FIRMS
	7
	·
	ITEMS REPORTED IN ITEMS 1 THROUGH 4 AR I WILL UPDATE SUCH INFORMATION
IF THE SPACE PROVIDED ON THIS	FORM IS INADEQUATE, ADDITIONAL DE THE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SH	
IF YES, HOW MAY ADDITIONAL SI	HEETS ARE ATTACHED?
TES, HOW MAI ADDITIONAL SE	
I AFFIRM UNDER PENALTIES FOR AND ACCURATE TO THE BEST OF M	PERJURY THAT MY STATEMENTS ARE TRUE MY KNOWLEDGE.
1) AB	
0- ('	1/31/14
COUNCILLOR	DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME Virginia J. Cain
	b. YOUR RESIDENCE ADDRESS 9101 Anchor Mark Drive Jodpis. IN 46236
	c. YOUR BUSINESS ADDRESS
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO
IF?	YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EM	PLOYER'S NAME U.S. Senato Dan Gats
EM local offi	PLOYER'S ADDRESS Russell Blag. Washington, D.C. u: 10 W. Market St. Suite 1650 Indpls. IN 46204
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES __ NO X IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH **CONDUCTED:** NATURE OF THE BUSINESS NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____ 3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO 🗶 Lk owns his own business: IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER EMPLOYER'S NAME EMPLOYER'S ADDRESS _____ [IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS] b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ____ NO X IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER NAME OF DEPENDANT CHILD EMPLOYER'S NAME EMPLOYER'S ADDRESS

 4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFIT THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM 	ΓS
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO	
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES	
ENTITY'S NAME Wishard Hospital Esturari	
ENTITY'S NAME Wishard Hospital Eshurari ENTITY'S ADDRESS 10 5 Street - Eshurari Drivi Indpls. In	
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]	
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFIC OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO	ER)
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:	
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD	
NAME OF ORGANIZATION	
ADDRESS OF ORGANIZATION	
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]	

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YESNO	
	8
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPOR ABOVE CHANGE DURING THE YEAR I WILL UPD WITHIN 45 DAYS OF THE CHANGE. IF THE SPACE PROVIDED ON THIS FORM IS INAI	ATE SUCH INFORMATION
SHEETS MAY BE USED TO PROVIDE THE ADDITI	ONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES	NO_X
IF YES, HOW MAY ADDITIONAL SHEETS ARE AT	TACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT AND ACCURATE TO THE BEST OF MY KNOWLEDGE COUNCILLOR	

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL DEGRONGE TO OFFICEION	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE _ DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
l.	a. YOUR NAME JOSE M. EVANS
	b. YOUR RESIDENCE ADDRESS 7644 BANCASTER Dr. INGOIS, IN 46768
	c. YOUR BUSINESS ADDRESS EVANS ENTER prises LLC
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMI	PLOYER'S NAME CARE POINT MediCAL 4860 COX RL Suite 300
EM	PLOYER'S NAME CARE POTAT MEGICACO PLOYER'S ADDRESS 4860 COX RL SUSTE 300 FIF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
	IIF YOU HAD MOKE THAN ONE ENT LOTTING GOZ 1222-



b. WERE YOU SELF-EMPLOYED? YES NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS OME
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ✓ NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME PURQUE University
EMPLOYER'S NAME PURQUE University EMPLOYER'S ADDRESS LAFTYETTE, IN
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER	
(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM	
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO	
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES	
ENTITY'S NAME	
ENTITY'S ADDRESS	
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]	
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO	
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:	
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD	
NAME OF ORGANIZATION	
ADDRESS OF ORGANIZATION	

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

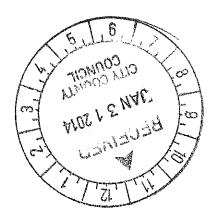
6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN
ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY
MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT
RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR
OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN
THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH
OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO
INFLUENCE COUNCIL ACTION? YES / NO
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS 500 TICKETS, (500, BRICHYARD, MOTOR BIKK)
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4
ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION
WITHIN 45 DAYS OF THE CHANGE.
THE STATE OF A COURSE OF THE ONLY HAVE A DESCRIPTION OF THE OWNER.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES NO_
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
TO A TOTAL OF THE PROPERTY OF
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE
AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
1-29-14
CONNCILLOR DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

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	ALL QUESTIONS MUST BE ANSWERED COMPLETED TAND DEGREES
1.	a. YOUR NAME Aaron M. Freeman
	b. YOUR RESIDENCE ADDRESS 10410 Clifty Falls Road Indianapolis, IN. 46239.
	c. YOUR BUSINESS ADDRESS 8925 Southeastern Avenue Indianapolis, IN 46239
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
ЕМІ	PLOYER'S NAME Voyles Zahn & Paul
EMI	PLOYER'S ADDRESS 8925 Southeastern Avenue Indianapolis, IN. 46239.
	CHEVOLULAD MODE THAN ONE EMPLOYER USE ADDITIONAL SHEETS!



CONI	S, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH DUCTED:
	RE OF THE BUSINESS
NAM	E UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3.	a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES X_NO
IF Y	ES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMI	LOYER'S NAME Shelbourne Knee Center
EMI	PLOYER'S ADDRESS1815 North Capitol Avenue Indianapolis, IN. 46202.
[IF	YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL ETS]
	b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO_X_
IF	YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NA	ME OF DEPENDANT CHILD
isia.	IPLOYER'S NAME
#171.V	IPLOYER'S ADDRESS

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER			
(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM			
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO _X			
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES			
ENTITY'S NAME			
ENTITY'S ADDRESS			
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]			
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YESNO _X_			
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:			
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD			
NAME OF ORGANIZATION			
ADDRESS OF ORGANIZATION			
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]			

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway

Capital Improvement Board

Visit Indy

Indiana Pacers

COUNCILLOR

7.1 ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACKURATE TO THE BEST OF MY KNOWLEDGE.

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME William W. Gooden
	b. YOUR RESIDENCE ADDRESS 7545 N. FENNSY VULLIA St., Indianafolis, 11/46240
	c. YOUR BUSINESS ADDRESS 320 No Maria Can St., Suite 1100 Juliana Palis, IN 46204
	Judiana felis, 1N'46204
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO X * Effective March 1, 2013, I am
ĭF V	a fartner in the law firm partnership (see below) from ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMI	PLOYER'S NAME Clark Quina, Ut
EMI	PLOYER'S ADDRESS 370 N. Meridian St., Suite 1100 indefendent Indicusações, 1N 46204 Contracto
	Indiculation 11 46204 Contract
	So I was not an employee. This receive
	1099 Complessation and then K-1 distributions
	as a fartner.
	COUNCIL
	(w) Yiming in to
	LE MOSIENAC F
	Los Revenues (2)

b. WERE YOU SELF-EMPLOYED? YES X NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS Attorney at Caw William (1) Gooden
NATURE OF THE BUSINESS HOWARD ALL CLOW NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Will flew W Gooden All Draly at Law and Clark Guinn, Lt.
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO X
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
Class During LIP
ENTITY'S NAME CHARACTER GUINA, CC. ENTITY'S ADDRESS 320 N. Mendium St. Suite 1100 Judiana folis, IN 46204
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION
ADDRESS OF ORGANIZATION
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YESNO _X_
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE
IF YES, HOW MAY ADDITIONAL SALES FOR PERHIRY THAT MY STATEMENTS ARE TRUE
AND ACCURATE TO THE BEST OF MY KNOWLEDGE. COUNCILLOR COUNCILLOR

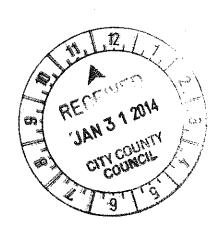
SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

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ALL OUESTIONS MUST BE ANSWERED COMPLETELY AND	<u>LEGIBLY</u>
a. YOUR NAME Monroe GRAY JR.	
b. YOUR RESIDENCE ADDRESS	
c. YOUR BUSINESS ADDRESS	
	:
a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOPMENT YES NO V	YERS IN THE
ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS	
PLOYER'S NAME	_
PLOYER'S ADDRESS	
	b. YOUR RESIDENCE ADDRESS C. YOUR BUSINESS ADDRESS DID YOU RECEIVE COMPENSATION FROM ANY EMPLO

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES NO :
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

- 4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
 - (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUWITH THE CITY OR COUNTY? YES NO	ISINESS
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES	
ENTITY'S NAME	
ENTITY'S ADDRESS	
<u> </u>	-
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]	THAT
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR A FOR FUNDING FROM THE CITY OR COUNTY? YES NO	
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:	·
PERSON SERVING:	
COUNCILLOR SPOUSE DEPENDANT CHILD	
NAME OF ORGANIZATION	
ADDRESS OF ORGANIZATION	
· · · · · · · · · · · · · · · · · · ·	

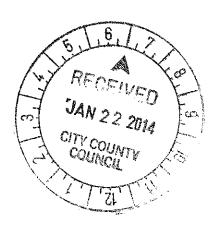
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IS ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES NO	
——————————————————————————————————————	
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORWITHIN 45 DAYS OF THE CHANGE.	
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDIT	TIONAL
SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMA YOU ATTACHING ADDITIONAL SHEETS? YES NO	TION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES NO VIEW IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?	•
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENT AND ACCUBATE TO THE BEST OF MY KNOWLEDGE.	S ARE TRUE
$\int \int $	7
SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-CC BUILDING, INDIANAPOLIS, INDIANA, 46204.	DUNTY

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
l.	a. YOUR NAMEPamela Hickman
	b. YOUR RESIDENCE8164 Dean Rd Indianapolis, IN 46240
	c. YOUR BUSINESS ADDRESS
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EM	PLOYER'S NAMECity of Indianapolis City County Council
EM	PLOYER'S ADDRESS200 E.Washington St Indianapolis, IN 46204
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES 🕱 NO 🗶 IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH **CONDUCTED:** NATURE OF THE BUSINESS _____ NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____ 3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES X NO ___ IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER EMPLOYER'S NAME __St Francis Hospital Indiana Heart Physicians_____ EMPLOYER'S ADDRESS _____8111 S Emerson Ave Indianapolis, IN 46237_____ [IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS] b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO X IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER NAME OF DEPENDANT CHILD _____ EMPLOYER'S NAME EMPLOYER'S ADDRESS _____

DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHIEDREN EITHER
(1) SERVE AS AN OFFICER OF,
(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
(3) DIRECTLY OR INDIRECTLY RECEIVE CONFENSATION, IN AGGREGATION
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
N ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES $_$ NO_X_
F YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES _X_NO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:
PERSON SERVING:
COUNCILLOR X SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION _Forrest Manor Multi Service Center
ADDRESS OF ORGANIZATION 5603 E. 38 th St Indianapolis IN 46218
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES __NO X_ IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS 7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE. IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO_X_ IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. 1-23-2013 DATE COUNCILLOR

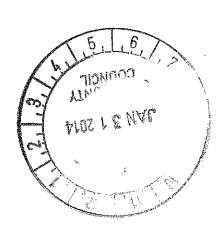
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	All Questions Must Be Answered Completely and Legioly
ι.	A. Your Name: Jason Holliday
	B. Your Residence: 5137 Emmert Dr. / Ind., IN 46221
	C. Your Business Address: 2/Clayton, IN
2.	A. Did You Receive Compensation from any Employers in the Prior Year? Yes X. No
Ĩf Υ∈	es, The Name and Address of all Such Employers:
Emp	loyer's Name: Ray o Trash Service
Emp	oloyer's Address: Drawar I/ Clayton, IN

[If you had more than one employer, use additional sheets]



B. Were You Self-Employed? YesNo X	
f Yes, the Nature of Such Business and the Name Under Which Conducted:	
Nature of the Business:	
Name under Which Such Business was conducted:	
3. A. During the Prior Calendar Year, Did Your Spouse Receive Compensation of \$5000.00 From an Employer? YesNo No X-	in Excess
If Yes, the Name and Address of Such Employer:	
Employer's Name:	
Employer's Address:	-
[If your spouse was paid \$5000.00 by additional employers use additional sheets]	
B. During the Prior Calendar Year, Did any of Your Dependent Children Re Compensation in Excess of \$5000.00 From an Employer?	eceive
YesNo_X_	
If Yes, the Name and Address of Such Employer:	
 •	
Name of Dependant Child:	

sheets]

4.	Did You, Your Spouse or Any of Your Dependent Children Either (1) Serve as an Officer of,
	(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the
	Aggregate Exceeds 10%, in, or (3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
	During the Past Year, From:
In ar	y Business Year that Did Business with or Solicited Business with the City or County? Yes No
If Y	es, The Name and Addresses of Such Business Entities:
Enti	ty's Name:
Enti	ty's Address:
	ou, your spouse or dependent children had other entities that must disclosed attach itional sheets]
5.	Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County? Yes No
IfY	es, the Name and Address of Such Organization or Organizations:
Pers	son Serving:
Cou	nncillor: Spouse: Dependant Child:
Nar	ne of Organization:
Add	dress of Organization:
	you, your spouse or dependent children had positions in other organizations that must be
uis	closed attach additional sheets]

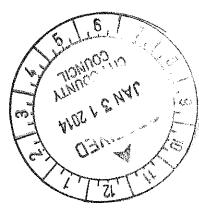
6.	Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form, Did You Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate Over \$250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action? Yes No No
If Y	es, List the Names of Such Persons or Firms:
7.	I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.
Ad	he Space provided on this Form is Inadequate, Additional Sheets may be used to provide the ditional Information.
Ar	e You Attaching Additional Sheets? Yes No_X
If `	Yes, How Many Additional Sheets are attached?
All	AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE ND ACCURATE TO THE BEST OF MY KNOWLEDGE. Ouncillor or Candidate Signature Date
	IGN, DATE AND RETURN TO: LERK OF THE COUNCIL
	41 CITY-COUNTY BUILDING

INDIANAPOLIS, INDIANA, 46204.

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	ALL OUESTIONS MUST	BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME	Benjamin D. Herrel, Councilie Dissuer &
	b. YOUR RESIDENCE A. 1094 MIGHISH DL. JAGIE	DDRESS whose In 40659
	c. YOUR BUSINESS ADI	DRESS
2.	PRIOR YEAR? YES	
IF Y	YES, THE NAME AND ADI	DRESS OF ALL SUCH EMPLOYERS
	IPLOYER'S NAME	Bonce University
EM	IPLOYER'S ADDRESS	Theharmous In 46108
ंक ्सरकार्य ारस	[IF YOU HAD MORE TH	HAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



IF YES, THE NATURE OF S	UCH BUSINESS AND THE NAME UNDER WHICH
CONDUCTED:	·¥
NATURE OF THE BUSINES	S
NAME UNDER WHICH SUC	CH BUSINESS WAS CONDUCTED HA
3. a. DURING THE PRI COMPENSATION IN YES NO	OR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE EXCESS OF \$5000.00 FROM AN EMPLOYER?
	DDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME	FLIERMAN Furnishors for Educational Choice
EMPLOYER'S ADDRESS_	ONE AMERICAN SQUARE SUITE 2420 THURMARCUS THE 4/6282
	D \$5000,00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL
b. DURING THE PRICHILDREN RECEIVEMPLOYER? YES	IOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT VE COMPENSATION IN EXCESS OF \$5000.00 FROM AN NO V
IF YES, THE NAME AND	ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT C	CHILD
	l.a.
EMPLOYER'S NAME	11/6

4 DID VOIT VOUR SPOUSE OF	ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICE (2) OWN AN EQUITY IN THAT INDIVIDUALLY OF INDIRE	ER OF, TEREST OR INTEREST IN THE EARNINGS OR PROFITS R IN THE AGGREGATE EXCEEDS 10%, IN, OR ECTLY RECEIVE COMPENSATION, IN AGGREGATE IN RING THE PAST YEAR, FROM
ANY BUSINESS ENTITY THAT WITH THE CITY OR COUNTY	T DID BUSINESS WITH OR SOLICITED BUSINESS (? YES NO
IF YES, THE NAME AND ADD	RESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME	N/b
ENTITY'S ADDRESS	
MUST BE DISCLOSED ATTACH	
	OR ANY DEPENDANT CHILD SERVE AS AN OFFICER BY ORGANIZATION THAT RECEIVED OR APPLIED BY OR COUNTY? YESNO ✓
IF YES, THE NAME AND AD ORGANIZATIONS:	DRESS OF SUCH ORGANIZATION OR
PERSON SERVING: COUNCILLOR SPOUSE	DEPENDANT CHILD
VANC OF ODCANIZATION	

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

ADDRESS OF ORGANIZATION

H/A

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES \(\subseteq \text{ NO} \)

	IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
Ø	
0	Fordingous Cours (Ple Segmenterer)
(3)	Indiprised fasce & LIGHT (PINNOL-COMMUNICADOS UNDOTE)
	7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION
	WITHIN 45 DAYS OF THE CHANGE.
	IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? N/A
	I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
	COUNCILLOR PUREL SEGMENT DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF,	Ma
ADDITIONAL RESPONSE TO QUESTION	WALKY
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	SPOUSE
PERSON, ENTITY OR ORGANIZATION	bkackuri kusu vanan Nasannassan maa maan maan kusu kusu ka
ADDRESS:	······································
7 	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	SPOUSE
PERSON, ENTITY OR ORGANIZATION	iktios į jare sasama antintuoimas VIII ikk Sidensiju ės aukas sus sas varios sas dava
ADDRESS:	
	and the state of t
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE _ DEPENDANT CHILD	SPOUSE
PERSON, ENTITY OR ORGANIZATION	anama kahika minini manama manama manama manama ya manama ka manama ka manama ka manama ka manama ka manama ka
ADDRESS:	

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

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ALL OUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

c. YOUR BUSINESS ADDRESS	b. YOUR RESI	DENCE ADDRESS	S 4235 Trace 1	Edge Lane Indiana	polis, IN 4625
	c. YOUR BUSIN	NESS ADDRESS			
			·		

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Dove Recovery House for Women, Inc.

EMPLOYER'S ADDRESS 14 N. Highland Ave. Indianapolis, IN 46254

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES NO A	
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:	
NATURE OF THE BUSINESS	
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED	
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES XNO	
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER	
EMPLOYER'S NAME Marion County Assessors Office	
EMPLOYER'S ADDRESS 200 E. Washington St. Indianapolis, IN 46204	
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]	
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDA CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM A	NT (
EMPLOYER? YES $_$ NO X	
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER	
NAME OF DEPENDANT CHILD	
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	
[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]	

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES $_$ NOX
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES $X \text{ NO}$
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING:
COUNCILLOR _X_ SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION Capital Improvement Board (Council Appointment)

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

ADDRESS OF ORGANIZATION Indiana Convention Center 100 South Capitol Ave. 46225

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES $X \text{ NO } _$

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Capital Improvement Board-Access to Suite for all events /Tickets to Colts and Pacers games

Visit Indy Board-Access to Suite/Travel (tickets and hotel cost) to North Carolina Texas to study Panhandling

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO_ IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION 4
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION University of Indianapolis
ADDRESS: 1400 E. Hanna Ave. Indianapolis IN
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

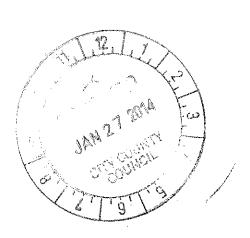
Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1.	a. YOUR NAME	Robert B. Lutz
	b. YOUR RESIDENCE	
	115	6 Texarkana Dr., Indianapolis, IN 46231
	c. YOUR BUSINESS A	
		ordsville Rd.
	Speedway, I	N 46224
2.	a. DID YOU RECEIVE	COMPENSATION FROM ANY EMPLOYERS IN THE
	PRIOR YEAR? YES_	<u>X</u> NO
IF Y	ES, THE NAME AND AL	DDRESS OF ALL SUCH EMPLOYERS
EMF	PLOYER'S NAME	City of Indianapolis (Councillor pay only)
EMP	LOYER'S ADDRESS	200 E. Washington St.
		Indianapolis, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPI	LOYED? YES X_NO
IF YES, THE NATURE OF SUCH CONDUCTED:	BUSINESS AND THE NAME UNDER WHICH
NATURE OF THE BUSINESS	<u>Legal Services</u>
NAME UNDER WHICH SUCH BU Robert B. Lutz Attorney a	USINESS WAS CONDUCTED
3. a. DURING THE PRIOR COMPENSATION IN EXC YESNO _X_	CALENDAR YEAR, DID YOUR SPOUSE RECEIVE CESS OF \$5000.00 FROM AN EMPLOYER?
IF YES, THE NAME AND ADDR	
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	
SHEETS]	000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL
b. DURING THE PRIOR OF CHILDREN RECEIVE COEMPLOYER? YES]	CALENDAR YEAR, DID ANY OF YOUR DEPENDANT OMPENSATION IN EXCESS OF \$5000.00 FROM AN NO <u>X</u>
IF YES, THE NAME AND ADDI	
NAME OF DEPENDANT CHILI	D
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN ETTIER	
(1) SERVE AS AN OFFICER OF,	
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE BUILDING, IN, OR THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR THAT INDIVIDUALLY OR IN THE AGGREGATE	
THAT INDIVIDUALLY OR IN THE AGGREGATE IN	
EXCESS OF \$5000.00 DOKING THE TAST TELEST	
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS	
WITH THE CITY OR COUNTY? YES X NO	
WITH THE CITT OR COUNTY	
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES	
ENTITY'S NAME Zore's Inc., (received compensation in excess of \$5,000.00)	
L. 1: manalia INI 46224	
ENTITY'S ADDRESS1300 N. Mickley Ave., Indianapolis, IN 46224	
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT	
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN THE STATE OF A DEPENDANT CHILDREN THE STATE OF THE STATE	
MIST BE DISCLOSED ATTACH ADDITIONAL 21	
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICE	R
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHIED GERVE TO SERVE OR APPLIED OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED OR BOARD MEMBER OF ANY OR COUNTY? YES NO X	
OR BOARD MEMBER OF ANY ORGANIZATION TO X FOR FUNDING FROM THE CITY OR COUNTY? YESNO X	
FOR KOMPING THOM THE	
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR	
ORGANIZATIONS:	
ORGANIZATIO.	
PERSON SERVING:	
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD	
NAME OF ORGANIZATION	
ADDRESS OF ORGANIZATION	
TO THE PROSITIONS IN OTHER	
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER	
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN THIS TO SELECT STORY OF THE	
OTOTA WILLIAM STATE OF THE STAT	

BERTER BERTER BETTER BETTE Better Bette Better Bette 6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X_NO ___ IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS Indianapolis Motor Speedway, Indianapolis Colts, Citizens Energy Group, AT&T, Visit Indy, Indianapolis International Airport 7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE. IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES X NO IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE WEST OF MY KNOWLEDGE. 1/27/14

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

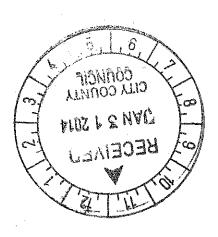
ADDITIONAL SHEET 1 OF 1.
ADDITIONAL RESPONSE TO QUESTION <u>4</u>
APPLICABLE TO: COUNCILLOR <u>X</u> CANDIDATE <u>SPOUSE</u> DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION Speedway Public Library
ADDRESS:5633 W. 25 th St., Speedway, IN 46224
Received compensation in excess of \$5,000.00
ADDITIONAL RESPONSE TO QUESTION _4 APPLICABLE TO: COUNCILLOR _X _ CANDIDATE SPOUSE
DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATIONTown of Clermont
ADDRESS:9049 Crawfordsville Rd., Clermont, IN 46234
Received compensation in excess of \$5,000.00
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
l.	a. YOURNAME BRIAN MATERN
	b. YOUR RESIDENCE ADDRESS 1402 STURM AUE.
	c. YOUR BUSINESS ADDRESS 1407 STURM AVE INDPIS., IN FOZO(
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THI PRIOR YEAR? YES \(\subseteq \text{NO}
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMI	PLOYER'S NAME _ LIBERTY PROPERTY TAX APPEALS
EMJ	PLOYER'S ADDRESS 1402 STURM AUE
<u>. :</u>	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EN	MPLOYED? YES NO
CONDUCTED:	CH BUSINESS AND THE NAME UNDER WHICH
NATURE OF THE BUSINESS	PROPERTY TAX ASSESSMENT CONSULTING
NAME UNDER WHICH SUCH	H BUSINESS WAS CONDUCTED <u>UB</u> ERTY C APPEALS
2 DIDNIC THE PRIO	R CALENDAR YEAR, DID YOUR SPOUSE RECEIVE EXCESS OF \$5000.00 FROM AN EMPLOYER?
IF YES, THE NAME AND AD	DRESS OF SUCH EMPLOYER
EMPLOYER'S NAME	LIBERTY PROPERTY THY APPEACS
EMPLOYER'S ADDRESS	1402 STURM AUE.
[IF YOUR SPOUSE WAS PAID SHEETS]	\$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL
b. DURING THE PRIC CHILDREN RECEIVE EMPLOYER? YES	OR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT E COMPENSATION IN EXCESS OF \$5000.00 FROM AN NO Y
IF YES, THE NAME AND A	DDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CH	
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS _	

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

(OU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER 1) SERVE AS AN OFFICER OF,
() I Q	2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR ROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN,
0	ND
(3 II	3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE N EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
ANY BU	USINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS THE CITY OR COUNTY? YES NO
IF YES,	THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY	Y'S NAME
ENTITY	Y'S ADDRESS
[IF YOU MUST E	U, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT BE DISCLOSED ATTACH ADDITIONAL SHEETS]
OD RO	YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICEION THAT RECEIVED OR APPLIED UNDING FROM THE CITY OR COUNTY? YESNO
	S, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR NIZATIONS:
PERSO COUNG	ON SERVING: CILLOR SPOUSE DEPENDANT CHILD
NAME	OF ORGANIZATION
ADDR	ESS OF ORGANIZATION
IF YOU ORGAL	U, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER NIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YESNO
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES YES NO_ IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. COUNCILLOR L 20/20/3 DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT ADDITIONAL SHEET _ OF . ADDITIONAL RESPONSE TO QUESTION 2 APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD PERSON, ENTITY OR ORGANIZATION INDIANA UTILITY REGULATORY ADDRESS: PNC CENTER 101 W Washington St. Commission Suite 1500 & Indiple., IN 46204 11-9/13/2013 ADDITIONAL RESPONSE TO QUESTION APPLICABLE TO: COUNCILLOR ___ CANDIDATE SPOUSE > DEPENDANT CHILD PERSON, ENTITY OR ORGANIZATION MARWN (OUNTY ASSESSOR ADDRESS: 200 E. WISHINGTON ST. 501TE 1360 Indpls, IN 46204 1/1-9/6/2013 ADDITIONAL RESPONSE TO QUESTION APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD _____ PERSON, ENTITY OR ORGANIZATION

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

ADDRESS:

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME Angela L. Mansfield
	b. YOUR RESIDENCE ADDRESS C4 Indpls IN 46260
	c YOUR BUSINESS ADDRESS
	See See Low Over 1 The Over 1 The Course of
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO
7 TET	AND ADDRESS OF ALL SUCH EMPLOYERS
	Mallita & Hissoc
EM	PLOYER'S NAME DICHACETE, MONTHE Blad Ste 300 PLOYER'S ADDRESS 8440 Allison Pointe Blad Ste 300 Endels IN 46250
- Spart of S	UE YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YESNO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO ///
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO//A
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICEIOR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

ADDRESS OF ORGANIZATION _____

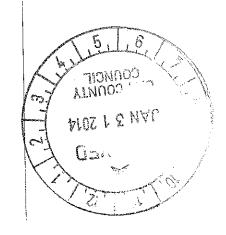
6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES NO	
IF YES, LIST THE NAMES OF SUCH PERS	SONS OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEM ABOVE CHANGE DURING THE YEAR I V WITHIN 45 DAYS OF THE CHANGE.	
IF THE SPACE PROVIDED ON THIS FOR SHEETS MAY BE USED TO PROVIDE TH YOU ATTACHING ADDITIONAL SHEETS IF YES, HOW MAY ADDITIONAL SHEET	E ADDITIONAL INFORMATION. ARE S? YES NO
I AFFIRM UNDER PENALTIES FOR PERJ AND ACCURATE TO THE BEST OF MY KN	URY THAT MY STATEMENTS ARE TRUE
COUNCILLOR	DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOURNAME FRANK MASERAL
	b. YOUR RESIDENCE ADDRESS 411 PARKMEAOOD OF BEENH LROVE IN 46107
	c. Your business address 701 Main St. Beech Grove In 46107
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO X_
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMI	PLOYER'S NAME
EMI	PLOYER'S ADDRESS
	IIF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS

·	
b. WERE YOU SELF-EMPLOYED? YES NO	
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UN CONDUCTED:	DER WHICH
NATURE OF THE BUSINESS TEWELRY RETAIL	
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED	LRY
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR S COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMI YES X NO	I O O Dig took and the
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER	
EMPLOYER'S NAME SAME	
EMPLOYER'S ADDRESS	
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYE SHEETS]	
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF CHILDREN RECEIVE COMPENSATION IN EXCESS OF EMPLOYER? YESNO	F YOUR DEPENDAN \$5000.00 FROM AN
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER	
NAME OF DEPENDANT CHILD	

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

THE TAX STORES OF ANY OF YOU	MIR DEPENDANT CHILDREN EITHER
. DID YOU, YOUR SPOUSE OR ANY OF YO	
(1) SERVE AS AN OFFICER OF,	NTEREST IN THE EARNINGS OR PROFITS
(2) OWN AN EQUITY INTEREST OR I	NIBREST IN THE DEAL IN OR
(2) OWN AN EQUITY INTEREST OR THAT INDIVIDUALLY OR IN THE AG	GREGATE EACEEDS 100, 11, 00
ZON TOTOTOTT VION TOTOTHE Y KECK	TABICOM CHOWKYON SALVAGE
IN EXCESS OF \$5000.00 DURING THE	PAST YEAR, FROM
	!
ANY BUSINESS ENTITY THAT DID BUSIN	ESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES	NOX
IF YES, THE NAME AND ADDRESSES OF	SUCH BUSINESS ENTITIES
IF TEM, KARD I III AND ALL III	
ENTITY'S NAME	
ENVILLE STATES	
ENTITY'S ADDRESS	
ENTRE STREET	
[IF YOU, YOUR SPOUSE OR DEPENDANT CL	HILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL	L SHEETS]
MUST BE DISCHOOLD AT THE CALL	
5. DID YOU, YOUR SPOUSE, OR ANY DEL	PENDANT CHILD SERVE AS AN OFFICER
	A 1 V 1 1 1 1 1 1 1 1
FOR FUNDING FROM THE CITY OR COL	INTY? YES NO 🚣
IF YES, THE NAME AND ADDRESS OF ST	UCH ORGANIZATION OR
IF YES, THE NAME AND ADDRESS OF ST	
ORGANIZATIONS:	
PERSON SERVING: COUNCILLOR SPOUSE DEPENDA	ANT CHU.D
COUNCILLOR SPOUSE DEFENDE	
NAME OF ORGANIZATION	
ADDRESS OF ORGANIZATION	
ADDRESS OF ORGANIZATION	
	THE DREW HAD POSITIONS IN OTHER
IF YOU, YOUR SPOUSE OR DEPENDANT C	SED ATTACH ADDITIONAL SHEETS]
I I I'M A TONIO THE AT MILET DE TOISCION	CRO ATTACH ADDITIONAD GARAGE

ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___NO \(\subseteq _NO \subset

IF YES, LIST THE NAMES OF SUCH PERSONS OF	RFIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPO	RTED IN ITEMS 1 THROUGH 4
ABOVE CHANGE DURING THE YEAR I WILL UP	DATE SUCH INFORMATION
WITHIN 45 DAYS OF THE CHANGE.	
IF THE SPACE PROVIDED ON THIS FORM IS IN	ADEQUATE, ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADDI	TONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES	NOX
IF YES, HOW MAY ADDITIONAL SHEETS ARE A	TTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY TH	AT MY STATEMENTS ARE TRUE
AND ACCURATE TO THE BEST OF MY KNOWLED	£
From Mariani	1/15/2014
COUNCILLOR	DATE
	¥

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIDLE
1.	a your NAME Janice McHenry
	b. YOUR RESIDENCE ADDRESS 7641 For bay Circle
	c. YOUR BUSINESS ADDRESS Same (Retired)
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES _ NO
	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
	PLOYER'S NAME
EM	PLOYER'S ADDRESS
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YESNO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME ON BUSINESS AND THE NAME ON BUSINESS AND THE NAME ON BUSINESS.
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES _NO
IF YES, THE NAME AND HOLDING CORP.
EMPLOYER'S NAME Sears Holding Corp. EMPLOYER'S NAME Sears Holding Corp. EMPLOYER'S ADDRESS 333 Beverly Rd EMPLOYER'S ADDRESS 333 Beverly Rd Hoffman Estates JL Go179 Hoffman Estates JL Go179 (7425 E. Washington St.) Indulis, IN 40219 [IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEFTS]
SUBLISH SEVOUR DEPENDANT
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO
EVIT DOTEST OF SUCH EMPLOYER
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER NAME OF DEPENDANT CHILD // / / / / / / / / / / / / / / / / /
NAME OF DEPENDANT CHILD/_
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

2

p. 2 JRM

	ANY OF YOUR DEPENDANT CHILDREN EITHER
A DID VOIL VOUR SPOUSE OR	INY OF YOUR DELEMBER

(1) SERVE AS AN OFFICER OF,

(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR

(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ____ NO____

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME	
ENTITY'S ADDRESS	

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES VNO

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

DEPENDANT CHILD DEPENDANT CHILD DEPENDANT CHILD DEPENDANT CHILD Representative NAME OF ORGANIZATION 2.) IMAGIS - Council Representative Dependant Child Dependant Child Depresentative NAME OF ORGANIZATION 2.) IMAGIS - Council Representative
NAME OF ORGANIZATION 2.) IMAGIS - Council Copies NAME OF ORGANIZATION 2.) IMAGIS - Council Copi
ADDRESS OF ORGANIZATION 1.) 4755 Kingsway Dr.; Snite 200-46205

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

p.3 JRM

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES NO

MEDICETTO
FYES, LIST THE NAMES OF SUCH PERSONS OR FIRMS Indianapolis motor speedury TRT
TIMES LIST THE NAMES OF SUCH PERSONS
IF YES, LIST THE MOTOR SPECIAL
Indianaports
TRT
-lis Colts
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4
THROUGH 4
PROPERTY OF THAT IF ANY ITEMS REPORTED INFORMATION
7.1 ACKNOWLEDGE THE VEAR I WILL UPDATE SUCH AND THE STREET OF THE VEAR I WILL UPDATE SUCH AND THE STREET OF THE SUCH AND T
WITHIN 45 DATS OF THE ADDITIONAL
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IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL IF THE SPACE PROVIDE TO PROVIDE THE ADDITIONAL INFORMATION. ARE
IF THE SPACE TO PROVIDE THE ADDITIONAL IT
SHEETS MAY BE USED TO THE STEPPENS VES NO
YOU ATTACHING ADDITIONAL SHEETS: TES
YOU AT TACKET ADDITIONAL SHEETS ARE ATTACKED
IF YES, HOW MAY ADDITIONS.
THAT MY STATEMENTS ARE TRUE
TOWNER DENALTIES FOR PERJURY THAT MET STATE OF THE STATE
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. Opinice Mc Kenny Date Date
100 1/ Jane 2 / 20 1
11/c Klenn
DATE
COUNCH LOR
COUNCILLOR DATE AND ACCURATE TO THE DATE Open. 27, 2013
THE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY
AND PETURN TO: CLERK OF THE COUNTY

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEETOF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

decayone mijet de aneweden completel v ann lecirl v

	a. YOUR NAME Michael	J. M. Quillen
	b. YOUR RESIDENCE ADDRESS	idge CT 46256
	c. YOUR BUSINESS ADDRESS	46250
	*	
	a. DID YOU RECEIVE COMPENSATION YEAR? YES NO	
	,	
F YES	PRIOR YEAR? YES NO	

b. WERE YOU SELF-EMPLOYED? YES _NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED: Parade
NATURE OF THE BUSINESS Collectibles Sales
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME Lawrence Town ship Schools
EMPLOYER'S NAME Lawrence Town ship Schools EMPLOYER'S ADDRESS 6501 Sunny side Rd 46836
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS / / /

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR
PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN,
OD.
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE
IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO
F YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME // P
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS] 5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION Benjamin Harrison Home Collections Committee
ADDRESS OF ORGANIZATION 1830 N. Delaware St 4620
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES / NO
ADAZEG A 1632 THE NAMES OF SHOUDEDSONS OF FIRMS
The NAMES OF SUCH PERSONS OR FIRMS
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS Indiana golis Colts, Indiana Pacers, Indiana polis Motor Speedway
_ Latona polis 1010400 species and
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
ON THE STATE OF THE STATE ADDITIONAL
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES NO
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
AND ACCURATE TO THE DEST OF MI INVOILED OF.
COENCILION 1-18-14 DATE
COPNCILLOR

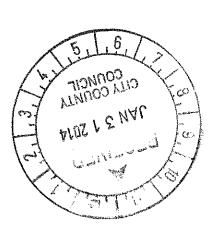
SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

(April 10 and Dept. (April 10 and April 10 a

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAMEJeff Miller
	b. YOUR RESIDENCE ADDRESS
	558 Fletcher Ave, Indianapolis, IN 46203
	c. YOUR BUSINESS ADDRESSN/A
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMI	PLOYER'S NAMECapgemini Consulting
EMI	PLOYER'S ADDRESS _111 North Canal, 15th FloorChicago, IL 60606



[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES NO X IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED: NATURE OF THE BUSINESS NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____ 3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES __NO _X__ IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER EMPLOYER'S NAME EMPLOYER'S ADDRESS [IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS? b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ____NO _X__ IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER NAME OF DEPENDANT CHILD _____ EMPLOYER'S NAME EMPLOYER'S ADDRESS

(IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM

OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID	YOU, YOUR	SPOUSE (OR ANY	OF YOUR	DEPENDANT	CHILDREN	EITHER
--------	-----------	----------	--------	---------	-----------	----------	--------

- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR

(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
N ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO_X_
F YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES _X_ NO
F YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING: COUNCILLOR _X _ SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION _Southeast Community Services & Land Bank of Indy_
ADDRESS OF ORGANIZATION _SEND: 901 Shelby Street, Indianapolis, IN 46203_ LBI: 202 East Market Street, Indianapolis, IN 46204
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY
MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT
RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR
OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN
THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH
OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO
INFLUENCE COUNCIL ACTION? YES X_NO
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
Colts (pre-season game); IMS (race tickets); VisitIndy (panhandling legislative trip)
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4
ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION
WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES NO_X_
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE
AND ACCURATE, TO THE BEST OF MY KNOWLEDGE.
1/27/14
COUNCILLOR DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME Mary Moriarty Adams
	b. YOUR RESIDENCE ADDRESS 5256 East 13th Street, Indianapolis, IN 4621
	c. YOUR BUSINESS ADDRESS 200 East Washington Street, Room 1360 Indianapolis, IN 46204
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO
IF Y	TES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EM	PLOYER'S NAME Marion County Assessor
	PLOYER'S ADDRESS <u>200 East Washington Street, Room 1360</u> Indiano polis, IN 46204
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
	City County Council
	200 East Washington St. Room 241
	Indianapolis, IN 46204 5,16,1
	OF RECEIVED A 2 1 2014 COLY COUNTY COLY COUNTY COLY COUNTY COLORS COLY COUNTY COLY COUNTY COLY COLY COUNTY COLY COLY COUNTY COLY COLY COLY COUNTY COLY COLY COLY COLY COLY COLY COLY COLY

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH
CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES X NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME Marion County Sheriff's Dept.
EMPLOYER'S ADDRESS 40 South Alabama Street Indianapolis, IN 46204
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO X_
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

1. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NOX_		EARNINGS OR PROFITS EDS 10%, IN, OR TION, IN AGGREGATE IN	
			E AND ADDRESSES OF
ENTITY'S NAME		:	
	SS		·
[IF YOU, YOUR SPO MUST BE DISCLOSE	OUSE OR DEPENDANT C ED ATTACH ADDITIONA	'HILDREN HAD OT L SHEETS]	HER ENTITIES THAT
OD DOADD MEMB	SPOUSE, OR ANY DEBER OF ANY ORGANIZOM THE CITY OR CO	ZATION THAT RE	SERVE AS AN OFFICER CEIVED OR APPLIED IO
IF YES, THE NAMI ORGANIZATIONS	E AND ADDRESS OF S	UCH ORGANIZA	TION OR
PERSON SERVING	G: SPOUSE DEPENDA	ANT CHILD	· · · · · · · · · · · · · · · · · · ·
NAME OF ORGAN	NIZATION <u>Indian</u>	a Association	on of Citiese Towns
ADDRESS OF ORG	GANIZATION 200 Apolis, IN 4622	So. Meridian	u, Guite 340
IF YOU. YOUR SPO	OUSE OR DEPENDANT C	CHILDREN HAD PO	SITIONS IN OTHER

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS Indianapolis Motor Speedway (2 tickets a 90 each)

Citizens Energy - Proliance (3 tickets to colts game)

Tim Irsay's suite-Pre-spason Game (4 tickets/Colts game) 7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE. IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NOXIF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. 1/24/14 DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

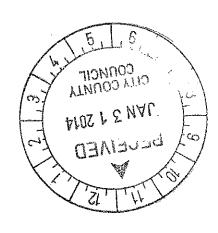
COUNCILLOR ~

ADDITIONAL SHEET OF	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
	•
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	÷

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME / I / AMC. OIVED
	b. YOUR RESIDENCE ADDRESS 4712 E. 34 th St
	c. YOUR BUSINESS ADDRESS
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES _ NO
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMI	PLOYER'S NAME
EMI	PLOYER'S ADDRESS
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YESNO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES _ NO _
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM		
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO		
F YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES		
ENTITY'S NAME		
ENTITY'S ADDRESS		
IIF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]		
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YESNO		
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:		
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD		
NAME OF ORGANIZATION		
ADDRESS OF ORGANIZATION		
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]		

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YESNO \(\times \)
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

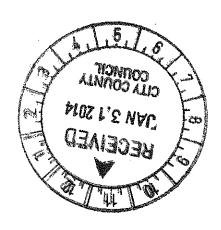
DATE

COUNCILLOR

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAMEVop Osili
	b. YOUR RESIDENCE 1940 N. Delaware St., Indianapolis, IN 46202
	c. YOUR BUSINESS ADDRESS 133 W. Market St., Indianapolis, IN 46204
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN TH PRIOR YEAR? YES _ NO X
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EM	PLOYER'S NAME
EM	PLOYER'S ADDRESS
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES X NO		
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED: NATURE OF THE BUSINESS <u>Architecture</u>		
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES X NO		
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER		
EMPLOYER'S NAME Indiana University School on Philanthropy		
EMPLOYER'S ADDRESS 550 W. North St., Indianapolis, IN 46202		
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]		
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO \underline{X}		
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER		
NAME OF DEPENDANT CHILD		
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES $X NO$
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME PACE
ENTITY'S ADDRESS 2855 N. Keystone
Indianapolis, IN 46218
THAT MUST
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
BE DISCLOSED ATTACH ADDITIONAL SHEET OF
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES $_$ NO \underline{X}
THE AND ADDRESS OF SUCH ODCANIZATION OR
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
ORGANIZATIONS.
PERSON SERVING:
COUNCILLOR X SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION PACE
ADDRESS OF ORGANIZATIO 2855 N. Keystone Ave., Suite 110
Indianapolis, IN 46218
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO ___ IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS Indianapolis Motor Speedway Indianapolis Indians Baseball 7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE. IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO X IF YES. HOW MAY ADDITIONAL SHEETS ARE ATTACHED? I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

January 31, 2014

DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME Milyer Flister
	b. YOUR RESIDENCE ADDRESS WHEN THE SUBJECT SUB
	c. YOUR BUSINESS ADDRESS
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMI	PLOYER'S NAME
EMI	PLOYER'S ADDRESS

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER		
(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM		
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES ENTITY'S NAME		
		ENTITY'S ADDRESS
		[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES VNO		
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS: Pau 2855 Keystone Gul 46218 PERSON SERVING:		
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD		
NAME OF ORGANIZATION		
ADDRESS OF ORGANIZATION		
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER		

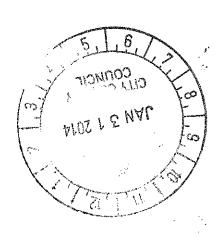
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME I WAY CODEMSON
	b. YOUR RESIDENCE ADDRESS
	6. YOUR RESIDENCE ADDRESS 4314 GUANY DRIVE Froly, IN.
	c. YOUR BUSINESS ADDRESS 15 West Washington St.
	Fray, FN,
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO
IF YI	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
ЕМР	LOYER'S NAME MSDPT JOF
ЕМР	LOYER'S ADDRESS

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES _ NO \(\)
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNON
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES NO
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING:
COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

ADDRESS OF ORGANIZATION

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJE ACCORDANCE WITH LAW, OR GIFTS FROM PERMEMBERS WITH WHOM YOU HAVE AN ON-GOIN RELATED TO SERVICE ON THE COUNCIL, DID YOTHER ITEMS, VALUED OVER \$100, OR IN THE THE PRIOR YEAR FROM ANY PERSON OR FIRM OR SEEKS TO DO BUSINESS WITH THE CIPY OF INFLUENCE COUNCIL ACTION? YES NO	SONS INCLUDING FAMILY NG SOCIAL RELATIONSHIP NOT YOU RECEIVE ANY GIFTS, OR E AGGREGATE OVER \$250, IN M THAT DOES BUSINESS WITH
IF YES, LIST THE NAMES OF SUCH PERSONS O	OR FIRMS
Pacers. IMS. Cotts	
196012	
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPO ABOVE CHANGE DURING THE YEAR I WILL UI WITHIN 45 DAYS OF THE CHANGE.	
IF THE SPACE PROVIDED ON THIS FORM IS IN	ADEQUATE. ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADDI	
YOU ATTACHING ADDITIONAL SHEETS? YES	The state of the s
IF YES, HOW MAY ADDITIONAL SHEETS ARE A	ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY TH AND ACCURATE TO THE BEST OF MY KNOWLED	· · · · · · · · · · · · · · · · · · ·
Jerry Lobenson	1-30-14
COUNCIL/LOR	DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME Jack E Sandlin
	b. YOUR RESIDENCE ADDRESS 1310 E Southport Road, Indianapolis, IN 46227
	c. YOUR BUSINESS ADDRESS PO Box 47802, Indianapolis, IN 46247
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO
IF Y	YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EM	PLOYER'S NAME JS Consulting Inc d/b/a Jack Sandlin & Associates_
EM	PLOYER'S ADDRESS PO Box 47802, Indianapolis, IN 46247
	PLOYER'S NAME Center for Emergency Response Training Inc.
EM	PLOYER'S ADDRESS _1999 US 31 South, Greenwood, IN 46143 TIONION ALLO ALLO ALLO ALLO ALLO ALLO ALLO AL

b. WERE YOU SELF-EMPLOYED? YES NO X IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH **CONDUCTED:** NATURE OF THE BUSINESS _____ NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED 3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES X NO IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER EMPLOYER'S NAME Diverse Tech Services EMPLOYER'S ADDRESS 6325 Digital Way, Suite 100, Indianapolis, IN 46278 [IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS] b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ____ NO ___ IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER NAME OF DEPENDANT CHILD NA EMPLOYER'S NAME EMPLOYER'S ADDRESS ____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS

(1) SERVE AS AN OFFICER OF,

(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR

- CONTROL OF THE STATE AND A CONTROL OF THE STATE OF THE

(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

WITH THE CITY OR COUNTY? YES _X_ NO__

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME JS Consulting, Inc., d/b/a Jack Sandlin & Associates_____

ENTITY'S ADDRESS _PO Box 47802, Indianapolis, IN 46247_____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X_

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

AT&T Indianapolis - Tickets

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO X IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

COUNCILLOR

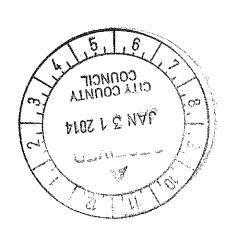
7/30/2014 DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME Christine Scales
	6. YOUR RESIDENCE ADDRESS 5133 Plantation Drive, Ind 01546250
	c. YOUR BUSINESS ADDRESS
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES _ NO X NOW OHNOW HOW COUNCIL WORK
IF YI	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMP	LOYER'S NAME
EMP	LOYER'S ADDRESS
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES __NO-IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH **CONDUCTED:** NATURE OF THE BUSINESS NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED 3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES XNO IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER EMPLOYER'S NAME Radiology Associates of Indpls. EMPLOYER'S ADDRESS \500 N. H. [IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS] 0 b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO X IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER NAME OF DEPENDANT CHILD EMPLOYER'S NAME EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF,			
(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM			
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO_X_			
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES			
ENTITY'S NAME			
ENTITY'S ADDRESS			
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]			
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YESNO _X			
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:			
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD			
NAME OF ORGANIZATION			
ADDRESS OF ORGANIZATION			
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]			

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YESX NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS Airport Parking Privileges
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO _X IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
Councillor Date Councillor Councillor

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LI	GIBLY
a. YOUR NAME Jethism Shrake	
b. YOUR RESIDENCE ADDRESS 725 E. Marlewall Avenue 46,227	recorded the second of the sec
c. YOUR BUSINESS ADDRESS / 46227 10 Box 70 Bloomy for 10 47402	- Control of the Cont
10 Box 70 Bloomington 10 47402	
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYI	RS IN THE
PRIOR YEAR? YES_ NO	
IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS	
EMPLOYER'S NAME	ja ja
EMPLOYER'S NAME	12 m. 1
EMPLOYER'S ADDRESS	
IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SH	IEE1S]

MOS I S NAL COUNTY IN COLUMNY IN

b. WERE YOU SELF-EMPLOYED? YES NO	
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WE CONDUCTED: NATURE OF THE BUSINESS SH Storge property investment	
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED	
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE R COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER YES _ NO	ECEIVE ?
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER	
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE A SHEETS]	DDITIONAL
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR I CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 EMPLOYER? YESNO	DEPENDANT FROM AN
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER	
NAME OF DEPENDANT CHILD	
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	
	N GOLLLAN
[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAIR OVER \$5000.00 USE ADDITIONAL SHEETS]	JIHEM

(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNING THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, I (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN A IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM	N, OR
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED WITH THE CITY OR COUNTY? YES NO	BUSINESS
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES	
ENTITY'S NAME	
ENTITY'S ADDRESS	
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITY MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]	IES THAT
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED O	AN OFFICE
FOR FUNDING FROM THE CITY OR COUNTY? YESNO	R APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YESNO IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:	R APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YESNONO IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR	R APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YESNONONONONONO	R APPLIED

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ____NO__

Helping and Associated growing contents

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4
ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION
WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES NO
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE
AND ASSCURATE TO THE BEST OF MY KNOWLEDGE.

1/22/20/4
OUNCELLOR

1/22/20/4
DATE

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1.	a. YOUR NAME Joseph E. Simpson	
	b. YOUR RESIDENCE ADDRESS 4525 Guilford Ave., Indianapolis, In 46205	
	c. YOUR BUSINESS ADDRESS	

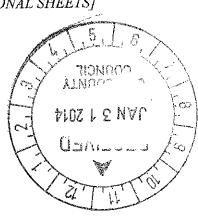
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES: X. NO ____

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Indiana Legal Services Inc

EMPLOYER'S ADDRESS __151 North Delaware Street, Suite 1850, Indianapolis, In 46205

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES NO _X
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNON/A
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDAN CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO _X
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM
OVER \$5000.00 USE ADDITIONAL SHEETS]

(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO_X_
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YESNO_X_
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION
ADDRESS OF ORGANIZATION
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

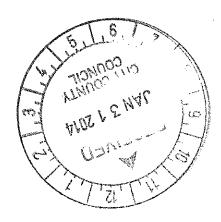
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YESNO_X
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO_X_
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. 1-74-14 DATE

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ı	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
_	a. YOUR NAMESteve Talley
	b. YOUR RESIDENCE ADDRESS 5444 East 40 th Street
	c. YOUR BUSINESS ADDRESS 200 East Washington Street, Indianapolis, IN 46204
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO
	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMP	LOYER'S NAME _City of Indianapolis
	PLOYER'S ADDRESS 200 East Washington Street, Indianapolis, IN 46204
, ∠a [.] T l	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



NATURE OF THE BUSINESS	SN/A
	TH BUSINESS WAS CONDUCTEDN/A
3. a. DURING THE PRIC COMPENSATION IN YESNON/A	OR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE EXCESS OF \$5000.00 FROM AN EMPLOYER?
	DDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME	N/A
EMPLOYER'S ADDRESS_	N/A
SHEETS]	D \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONA
CHILDREN RECEIV	IOR CALENDAR YEAR, DID ANY OF YOUR DEPENDA VE COMPENSATION IN EXCESS OF \$5000.00 FROM AN NON/A
EMILOTEK: 1155	THE OTHER PROPERTY OF THE PROP
IF YES, THE NAME AND A	ADDRESS OF SUCH EMPLOTER
IF YES, THE NAME AND A	CHILDN/A
IF YES, THE NAME AND A	

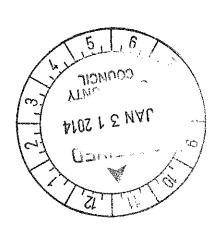
4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO_X_
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YESNO _X_
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION
ADDRESS OF ORGANIZATION
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YESNO_X_
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO_X_ IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
Stone Tally COUNCILLOR DATE
SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

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	ALL QUESTIONS MUST BE ANSWERED COMITEETEET AND LEGIBLE
1.	a. YOUR NAME NO Trine DeBow
	b. YOUR RESIDENCE ADDRESS 3910 Basque Ct. Thops In 46228
	c. YOUR BUSINESS ADDRESS
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
	PLOYER'S NAME City of Thop 15 - CCC
EMP	PLOYER'S ADDRESS 260 E. washington St
	(IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS)



b. WERE YOU SELF-EMPLOYED? YESNO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES _NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME USPS
EMPLOYER'S ADDRESS 2650 Dr. MLK Dr.
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT BURNING ALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES $_$ NO V
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION
ADDRESS OF ORGANIZATION
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

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IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. COUNCILIOR DATE

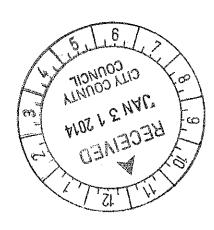
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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

	a. YOUR NAMESaRita Puckett	· · · · · · · · · · · · · · · · · · ·
	b. YOUR RESIDENCE ADDRESS	
	_4042 Monaco Dr, Indianapolis, In 46220	
	c. YOUR BUSINESS ADDRESS	
	_200 E. Washington St, Ste T241, Indianapolis, IN 46204	
ı ~•	a. DID YOU RECEIVE COMPENSATION FROM ANY EMP	LOYERS IN
	a. DID YOU RECEIVE COMPENSATION FROM ANY EMP PRIOR YEAR? YES _X NO	LOYERS IN
FΥ	PRIOR YEAR? YES _X NO	
F Y EMI	PRIOR YEAR? YES _X NO TES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS	

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES NO X_ IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH **CONDUCTED:** NATURE OF THE BUSINESS NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____ 3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO___ IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER EMPLOYER'S NAME EMPLOYER'S ADDRESS [IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS1 b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO___ IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER NAME OF DEPENDANT CHILD EMPLOYER'S NAME

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

EMPLOYER'S ADDRESS

4.	DID	YOU.	YOUR	SPOUSE	OR	ANY	OF '	YOUR	. DEPEN	NDANT	CHII	DREN	EITHE	R

- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
- (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IF YES, THE N	AME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAM	TE
ENTITY'S ADI	ORESS
-	SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT OSED ATTACH ADDITIONAL SHEETSJ
5 DID VOIL VO	OUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICE
OR BOARD MI	EMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO _X_
OR BOARD MI FOR FUNDING	EMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO _X_ AME AND ADDRESS OF SUCH ORGANIZATION OR
OR BOARD MIFOR FUNDING IF YES, THE NORGANIZATION PERSON SERV	EMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO _X_ AME AND ADDRESS OF SUCH ORGANIZATION OR ONS:

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

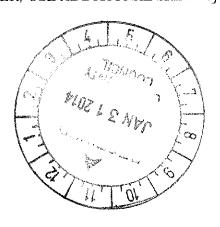
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INFLUENCE COUNCIL ACTION? YES NO _X_	, T
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS	
	, ,
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INF WITHIN 45 DAYS OF THE CHANGE.	
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADD	ITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORM	
YOU ATTACHING ADDITIONAL SHEETS? YES NO X	ř.
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?	
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I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEME. AND ACCURATE 10 THE BEST OF MY KNOWLEDGE.	NTS ARE TRUE
ASSISTANT CLERK 1-22-14 DATE	· ·
ASSISTANT CLERK DATE	

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1.	a. YOUR NAME Angela Gonzalez
	b. YOUR RESIDENCE ADDRESS Rd. #4 Indds. 46219
	c. YOUR BUSINESS ADDRESS 200 E. Washington Ste. 241, [ndpls, 46204]
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO
IF YE	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
	LOYER'S NAME <u>City-County</u> Council/City of Indianapolis
EMP:	LOYER'S ADDRESS 200 E. Washington Ste 241
	HE VOLUMED MODE THAN ONE EMDLOVED LICE ADDITIONAL CHEETS!



b. WERE YOU SELF-EMPLOYED? YES NO IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH **CONDUCTED:** NATURE OF THE BUSINESS NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED 3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES X NO ___ IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER EMPLOYER'S NAME COncrete Contractors, Inc.
EMPLOYER'S ADDRESS POST Rd / Ladyles /N 46219 [IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS/ b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ____ NO X IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER NAME OF DEPENDANT CHILD _____ EMPLOYER'S NAME EMPLOYER'S ADDRESS

i makan mineren irak kiratan mengelalah sebagai berangan 1994 - Makan Militan Kabatan kanggin di ingan sebagai Persebagai kebagai beranggin beranggin di Kabatan mengelalah beranggin beranggin kebagai kebagai beranggin di

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

- - 4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
 - (1) SERVE AS AN OFFICER OF,
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ANY BUSINES WITH THE CI	S ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS IY OR COUNTY? YES NO_X
IF YES, THE N	AME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NA	ME
ENTITY'S AD	DRESS
	SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT LOSED ATTACH ADDITIONAL SHEETS]
MUST BE DISC 5. DID YOU, Y OR BOARD M	
5. DID YOU, YOR BOARD M	LOSED ATTACH ADDITIONAL SHEETS] OUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER EMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED G FROM THE CITY OR COUNTY? YES NO _X NAME AND ADDRESS OF SUCH ORGANIZATION OR
MUST BE DISC 5. DID YOU, Y OR BOARD M FOR FUNDING IF YES, THE N ORGANIZAT.	OUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER EMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO \(\sum_{\text{NOME}} \) NAME AND ADDRESS OF SUCH ORGANIZATION OR ONS:
MUST BE DISC 5. DID YOU, YOUR BOARD ME FOR FUNDING IF YES, THE ME ORGANIZATE PERSON SER COUNCILLOR	OUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER EMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO \(\sum_{\text{NAME}} \) NAME AND ADDRESS OF SUCH ORGANIZATION OR ONS:

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IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?	
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AND ACCURATE TO THE BEST OF MY KNOWLEDGE.	
Aralla Bourden 1-14-14	

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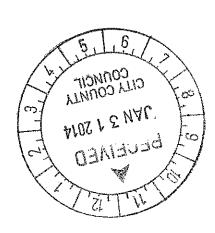
ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

- 1. a. YOUR NAME Hope C. Tribble
 - b. YOUR RESIDENCE ADDRESS 3210 Washington Blvd
 - c. YOUR BUSINESS ADDRESS 200 East Washington St. Ste. T241, Indianapolis, IN 46205
- 2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES __ NO X

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME	 	
EMPLOYER'S ADDRESS	 	

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES __ NO XX

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS - NA

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? NA YESNO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER NA
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO NA
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM			
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO XX			
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES			
ENTITY'S NAME			
ENTITY'S ADDRESS			
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]			
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO XX			
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:			
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD			
NAME OF ORGANIZATION			

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

ADDRESS OF ORGANIZATION _____

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YESNO
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO_ IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. 1/29/2014

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	a. YOUR NAME Ryan Kramer
	b. YOUR RESIDENCE ADDRESS
	410 N. Meidian St. Indimpolis IN 46204
	c. YOUR BUSINESS ADDRESS
	Zoo E. Washington St.
	Indianapolis, IN 46204
	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO
' Y]	
	PRIOR YEAR? YES NO
MP	PRIOR YEAR? YES NO ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

COUNCIL

b. WERE YOU SELF-EMPLOYED? YESNO <a>
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES _ NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF,				
(1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM				
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO				
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES				
ENTITY'S NAME				
ENTITY'S ADDRESS				
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]				
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YESNO				
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:				
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD				
NAME OF ORGANIZATION				
ADDRESS OF ORGANIZATION				
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]				

ACCORDANCE WITH LAW, OR GIFT MEMBERS WITH WHOM YOU HAVE RELATED TO SERVICE ON THE CO OTHER ITEMS, VALUED OVER \$10 THE PRIOR YEAR FROM ANY PER	TIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN TS FROM PERSONS INCLUDING FAMILY E AN ON-GOING SOCIAL RELATIONSHIP NOT OUNCIL, DID YOU RECEIVE ANY GIFTS, OR 00, OR IN THE AGGREGATE OVER \$250, IN RSON OR FIRM THAT DOES BUSINESS WITH ITHE CITY OR COUNTY OR SEEKS TO
INFLUENCE COUNCIL ACTION?	YESNO
IF YES, LIST THE NAMES OF SUC	H PERSONS OR FIRMS
	Y ITEMS REPORTED IN ITEMS 1 THROUGH 4 EAR I WILL UPDATE SUCH INFORMATION E.
SHEETS MAY BE USED TO PROVI	S FORM IS INADEQUATE, ADDITIONAL DE THE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL S IF YES, HOW MAY ADDITIONAL S	<u> </u>
,	R PERJURY THAT MY STATEMENTS ARE TRUE
RK	1/3/114
COUNCILLOR	DATE

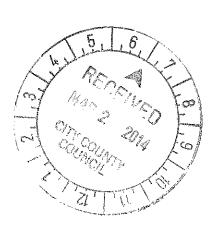
ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

 $[\mathit{IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE}]$

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<u> A</u>	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOURNAME Kichard Barton Brown
	b. YOUR RESIDENCE ADDRESS 6434 Quail Creek Blud.
	c. YOUR BUSINESS ADDRESS 200 K. Washington Street - 241 OCB Indianapolis, IN thany
	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO
IF YES	S, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMPL	OYER'S NAME REPORT, INC.
EMPL	OYER'S ADDRESS 9 E. High Street Converse burg, IN 47205
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YESNO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME Papalia Family Tailoring
EMPLOYER'S NAME <u>Papalion</u> Family Tailoring EMPLOYER'S ADDRESS 320 N. Meridian St. Employer's Address J.N. 46204
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDA CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AI EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME <u>Papalia Family Tailoring</u> ENTITY'S ADDRESS 320 N. Meridian St. and anapolis, IN 46004
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

NAME OF ORGANIZATION

ADDRESS OF ORGANIZATION _____

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD ____

PERSON SERVING:

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YESNO		
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS		
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.		
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?		
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. SOUNCE LONG TO THE BEST OF MY KNOWLEDGE.		